

CERTIFICATE OF TRANSMISSION under 37 CFR 1.8

I hereby certify that this correspondence (along with any paper referenced as being attached or enclosed) is being facsimile transmitted to 703/872-9306 at the U.S. Patent and Trademark Office to the Attention of John S. Maples in Art Unit 1745 on the date below.

Date: 1/30/04


Warren A. Sklar

| | | |
|---------------------------|---|--------------------------|
| Case Docket No. | MULTP106US | Patents |
| In re application of: | Kaplan et al. | |
| Serial No: | 09/973,241 | Examiner: John S. Maples |
| Filed: | October 8, 2001 | Art Unit: 1745 |
| Title: | OUTDOOR CABINET FOR ELECTRICAL COMPONENTS | |
| Commissioner for Patents | | |
| P.O. Box 1450 | | |
| Alexandria, VA 22313-1450 | | |

Sir:

Transmitted herewith is an amendment in the above-identified application.

Additional fee is required.

The fee has been calculated as shown below:

| | (Col. 1) Claims Remaining After Amendment | (Col. 2) Highest No. Previously Paid For | (Col. 3) Present Extra | Small Entity Rate | Addl. Fee | <u>OR</u> | Other Than A Small Entity Rate | Addl. Fee |
|---|---|---|------------------------------|----------------------|--------------|-----------|--------------------------------------|--------------|
| Total | 28 | Minus | 26 | = 2 | \$9 | \$ | \$18 | \$18 |
| Indep. | 4 | Minus | 4 | = 0 | \$43 | \$ | \$86 | \$ |
| First Presentation of Multiple Dep. Claim | | | | | \$145 | \$ | \$290 | \$ |
| | | | | | Total | \$18 | Total | |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment, or the number of claims originally filed.

Please charge my Deposit Account No. 18-0988 in the amount of \$18.00.

A duplicate copy of this sheet is attached.

A check in the amount of \$ _____ is attached.

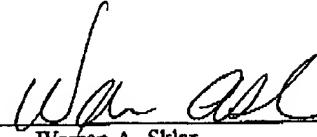
The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-0988. A duplicate copy of this sheet is attached.

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Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

Any patent application processing fees under 37 CFR 1.17.

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By



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